

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Fresenius Medical Care North America PAC

ADDRESS (number and street)

801 Pennsylvania Avenue, NW

Suite 255

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00401299

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

14

2010

through

11

22

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kathleen Smith

Signature of Treasurer

Electronically Filed by Kathleen Smith

Date

11

24

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 18

Write or Type Committee Name
Fresenius Medical Care North America PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	7329.72
(b) Cash on Hand at Beginning of Reporting Period	3721.04	
(c) Total Receipts (from Line 19)	4668.07	79897.72
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8389.11	87227.44
7. Total Disbursements (from Line 31)	4569.20	83407.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3819.91	3819.91
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 18

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4051.26	69184.76
(ii) Unitemized	616.81	10712.96
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4668.07	79897.72
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4668.07	79897.72
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4668.07	79897.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4668.07	79897.72

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	69.20	907.53	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	69.20	907.53	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	82500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4569.20	83407.53	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4569.20	83407.53	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	4668.07	79897.72
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4668.07	79897.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	69.20	907.53
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	69.20	907.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

John R Barr

Mailing Address 14326 South Gary Avenue

City

Bixby

State

OK

Zip Code

74008-8032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

Manager, Field Service & Train

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2488

Amount of Each Receipt this Period

20.00

Receipt

Payroll Deduction: (20.00-
/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Charles E Brown

Mailing Address 4640 Glen Coe Street

City

Leesburg

State

FL

Zip Code

34748-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2539

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (40.00-
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Claire Callahan

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

SVP Human Resources & Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2805.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2493

Amount of Each Receipt this Period

330.00

Receipt

Payroll Deduction: (330.0-
0/Pay Period)

SUBTOTAL of Receipts This Page (optional)

390.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

David Carter

Mailing Address 5215 Wiltonwood Ct

City

Indianapolis

State

IN

Zip Code

46254-9665

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: 01124.C2552

Amount of Each Receipt this Period

130.00

Receipt

Payroll Deduction: (130.0-
0/Pay Period)**B.**

Full Name (Last, First, Middle Initial)

Simon D Castellanos

Mailing Address 2670 S Youngfield Ct

City

Denver

State

CO

Zip Code

80228-4937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

Business Unit President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: 01124.C2495

Amount of Each Receipt this Period

115.00

Receipt

Payroll Deduction: (115.0-
0/Pay Period)**C.**

Full Name (Last, First, Middle Initial)

Steven P Covino

Mailing Address 6 Williams Street

City

Waltham

State

MA

Zip Code

02453-4131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

Director of Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: 01124.C2499

Amount of Each Receipt this Period

38.46

Receipt

Payroll Deduction: (38.46-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

283.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

Nicole Devore

Mailing Address 801 Pennsylvania Ave NW
Suite 225

City State Zip Code
Washington DC 20004-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2509

Amount of Each Receipt this Period

38.46

Receipt

Payroll Deduction: (38.46-
/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Carol A Ernst

Mailing Address 22370 N 64th Ave

City State Zip Code
Glendale AZ 85310-4259

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
Area Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2504

Amount of Each Receipt this Period

76.92

Receipt

Payroll Deduction: (76.92-
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Mark R Fawcett

Mailing Address 100 Franklin Street

City State Zip Code
Arlington MA 02474-3214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1398.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2555

Amount of Each Receipt this Period

76.00

Receipt

Payroll Deduction: (76.00-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

191.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

Deborah A. Forshee

Mailing Address 100 Galleria Pkwy SE
Suite 500

City State Zip Code
Atlanta GA 30339-3179

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.32

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2575

Amount of Each Receipt this Period

153.84

Receipt

Payroll Deduction: (153.8-
4/Pay Period)

B.

Full Name (Last, First, Middle Initial)

James Freedman

Mailing Address 269 Rolling Meadow

City State Zip Code
Holliston MA 01746-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
VP Leadership & Prof Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2508

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (80.00-
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Wendy Funk Schrag

Mailing Address 625 Medical Center Dr

City State Zip Code
Newton KS 67114-8780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
Director, Advocacy & Gov Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2566

Amount of Each Receipt this Period

20.00

Receipt

Payroll Deduction: (20.00-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

253.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

Balaji Gandhi

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

VP Govt & External Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2576

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (100.0-
0/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Terry O Gilpin

Mailing Address 4631 Woodland Corporate Blvd
Suite 113

City

Tampa

State

FL

Zip Code

33614-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

President DSD North Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2536

Amount of Each Receipt this Period

153.84

Receipt

Payroll Deduction: (153.8-
4/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Kimberly Grelle-Swint

Mailing Address 6100 Bandera Rd
Suite 600

City

San Antonio

State

TX

Zip Code

78238-1667

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

Regional Director of Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2567

Amount of Each Receipt this Period

38.46

Receipt

Payroll Deduction: (38.46-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

292.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

K. Brett Heiner

Mailing Address 874 West 1145 North

City

West Point

State

UT

Zip Code

84015-8876

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

Distribution Center Manager II

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2514

Amount of Each Receipt this Period

20.00

Receipt

Payroll Deduction: (20.00-
/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Matthew D Kinser

Mailing Address 750 Old Hickory Blvd
Suite 230

City

Brentwood

State

TN

Zip Code

37027-4528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

VP Managed Care

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2516

Amount of Each Receipt this Period

76.92

Receipt

Payroll Deduction: (76.92-
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Douglas G. Kott

Mailing Address 211 Claybook Rd.

City

Dover

State

MA

Zip Code

02030-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

3076.96

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2497

Amount of Each Receipt this Period

384.62

Receipt

Payroll Deduction: (384.6-
2/Pay Period)

SUBTOTAL of Receipts This Page (optional)

481.54

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

Jane Kramer

Mailing Address 920 Winter Street

City

Waltham

State

MA

Zip Code

02451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

VP Public Affairs & Communicat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 01124.C2485

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Wm Gary Livesay

Mailing Address 520 10th Avenue South

City

Surfside Beach

State

MA

Zip Code

29575-3213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2543

Amount of Each Receipt this Period

20.00

Receipt

Payroll Deduction: (20.00-
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Robert McGorty

Mailing Address 2 Walter Circle

City

Westford

State

MA

Zip Code

01886-4533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

VP Finance & Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2422.98

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2523

Amount of Each Receipt this Period

230.76

Receipt

Payroll Deduction: (230.7-
6/Pay Period)

SUBTOTAL of Receipts This Page (optional)

1250.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

Judith Moran

Mailing Address 2201 South Clinton Ave
2nd Floor

City State Zip Code
South Plainfield NJ 07080-1473

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2498

Amount of Each Receipt this Period

38.46

Receipt

Payroll Deduction: (38.46-
/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Jules Morris

Mailing Address 634 Newton St

City State Zip Code
Chestnut Hill MA 02467-3119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 01124.C2484

Amount of Each Receipt this Period

300.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Jessica Orlando

Mailing Address 93 Russell Street

City State Zip Code
Waltham MA 02453-8510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.13

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2556

Amount of Each Receipt this Period

23.06

Receipt

Payroll Deduction: (23.06-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

361.52

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

Donna M Painter

Mailing Address 105 W 7th Avenue
Suite 1000

City State Zip Code
Corsicana TX 75110-6449

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2525

Amount of Each Receipt this Period

30.00

Receipt

Payroll Deduction: (30.00-
/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Brian Riddle

Mailing Address 8 Brookside Ct

City State Zip Code
Methuen MA 01844-1245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
Dir Compliance Audits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2530

Amount of Each Receipt this Period

38.46

Receipt

Payroll Deduction: (38.46-
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Kim Sonnen

Mailing Address 240 S Madison St

City State Zip Code
Denver CO 80209-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
SVP Marketing & Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2730.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2532

Amount of Each Receipt this Period

260.00

Receipt

Payroll Deduction: (260.0-
0/Pay Period)

SUBTOTAL of Receipts This Page (optional)

328.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

Barbara B St. Louis

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2577

Amount of Each Receipt this Period

24.00

Receipt

Payroll Deduction: (24.00-
/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Liam Walsh

Mailing Address 5809 Chatham Ln

City

The Colony

State

TX

Zip Code

75056-7109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1407.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2537

Amount of Each Receipt this Period

134.00

Receipt

Payroll Deduction: (134.0-
0/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Jeffrey West

Mailing Address 401 Plymouth Road
Suite 500

City

Plymouth Meeting

State

PA

Zip Code

19462-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
VP Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01124.C2578

Amount of Each Receipt this Period

60.00

Receipt

Payroll Deduction: (60.00-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

218.00

TOTAL This Period (last page this line number only)

4051.26

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

Comerica Bank

Mailing Address PO Box 75000

City
Detroit

State
MI

Zip Code
48275-0001

Purpose of Disbursement
Bank Service Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01124.E227

Date of Disbursement

/ /

Amount of Each Disbursement this Period

35.20

BANK SERVICE CHARGE

SUBTOTAL of Disbursements This Page (optional)

35.20

TOTAL This Period (last page this line number only)

35.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A. Full Name (Last, First, Middle Initial) Bennet for Colorado Mailing Address PO Box 3078	Transaction ID: 01124.E225 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 7 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20002-5839 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name MICHAEL F BENNET Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 00	Amount of Each Disbursement this Period <div>1000.00</div> DIRECT CONTRIBUTION
B. Full Name (Last, First, Middle Initial) Scott Brown for U.S. Senate Committee Mailing Address 200 Reservoir Street City Needham State MA Zip Code 02494- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name SCOTT P BROWN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 00	Transaction ID: 01124.E229 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 4 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>4000.00</div> DIRECT CONTRIBUTION
C. Full Name (Last, First, Middle Initial) The Markey Committee Mailing Address PO Box 526 City Medford State MA Zip Code 02155- Purpose of Disbursement VOIDED CHECK Candidate Name EDWARD J MARKEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 07	Transaction ID: 01124.E224 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 7 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>-2500.00</div> VOIDED CHECK

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

Pomeroy for Congress

Mailing Address P.O. Box 75214

City
Washington

State
DC

Zip Code
20013-9336

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
EARL RALPH POMEROY

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: ND District: 00

Transaction ID: 01019.E223

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2010

Amount of Each Disbursement this Period

2000.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

4500.00